

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB	7533	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	NH	617	10/2 11-28-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/2/02
2	✓	✓	3/2/02
3	✓	✓	2/28/02
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	=	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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